



An evidence and policy paper

**ACCESS TO HIV-AND
CO-INFECTION(S)
TREATMENT, CARE
AND PREVENTION
SERVICES FOR
PEOPLE WHO USE
DRUGS.**

LEGAL NOTICE

© AIDS Action Europe

c/o Deutsche Aidshilfe e.V.

Wilhelmstr. 138,

10963 Berlin

Internet: aidsactioneurope.org

E-Mail: info@aidsactioneurope.org

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Author: Iga Jeziorska, written for AIDS Action Europe

Design: Alina Gladkikh



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BACKGROUND

In the face of a global health crisis, the marginalisation of people who use drugs remains one of the most significant barriers to achieving equitable public health. Despite overwhelming evidence supporting harm reduction and infectious disease services as both effective and necessary, access for people who use drugs is often hindered by systemic stigma, discrimination, and punitive drug policies. These barriers not only exacerbate the health risks associated with drug use, but they also undermine human rights and the dignity of those affected by criminalising laws.

In Europe, the landscape of drug policy and harm reduction services shows a mix of progress and setbacks, with varying degrees of implementation and success across countries. While some countries have made significant progress towards integrating harm reduction into their public health strategies, others lag, hampered by legal barriers, lack of political will, and stigmatisation of people who use drugs.

The efficacy of harm reduction strategies in mitigating the adverse outcomes associated with drug use and punitive drug policies, including the transmission of HIV/AIDS, hepatitis C, and other blood-borne infections, is well-documented. Countries like Portugal and Switzerland have become examples of success, demonstrating that decriminalisation coupled with well-developed harm reduction programs can lead to remarkable public health improvements. Despite successes,

access to necessary services remains uneven across the continent, particularly in rural areas and among marginalised populations, where the intersection of stigma and inadequate policy frameworks significantly restricts service availability.

Stigma and discrimination, both societal and institutional, not only perpetuate the marginalisation of people who use drugs but also deter them from accessing much-needed services. This stigma is often rooted in punitive drug policies that criminalise drug use and possession, thereby pushing people who use drugs further to the margins of society and into the shadows, away from the reach of essential health services. The legal and policy environments in many European countries still prioritise criminalisation over health, ignoring the overwhelming evidence supporting harm reduction as a more effective and humane approach.

This policy paper advocates a paradigm shift towards a health-centric, rights-based approach to drug use and harm reduction. Drawing upon a wealth of evidence from across Europe, we outline a set of recommendations aimed at dismantling the barriers to harm reduction services for people who use drugs. Our call to action is grounded in public health, human rights, and social justice principles, urging stakeholders at all levels to embrace harm reduction not just as a policy choice but as a moral imperative.



RECOMMENDATIONS

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Equitable service distribution is a cornerstone of public health and social justice, especially in the context of marginalised communities such as people who use drugs. In Europe, the variation in access to healthcare and social services for people who use drugs is marked by significant regional differences. These disparities are influenced by factors such as economic development, political commitment, social attitudes towards drug use, and the availability of resources. Urban areas have better service coverage than rural regions, where services can be sparse and less accessible. This uneven distribution contributes to unequal health outcomes, with individuals in underserved areas facing higher risks of harm.

Developing targeted policy frameworks is crucial for addressing these disparities. Such frameworks should be designed to identify and address the specific needs of regions with limited service provision. This involves mapping service gaps, understanding the barriers to access, and engaging with local decision-makers and communities to tailor interventions effectively.

Equitable distribution of services also depends on prioritising resource allocation to areas with historically

limited access. This requires financial investment and the development of human resources and infrastructure. Investing in training for healthcare providers and ensuring the availability of necessary medical supplies can make a real difference in enhancing service provision. Additionally, leveraging technology, such as telemedicine or online service provision, can help bridge access gaps in remote or underserved areas.

Several European countries have implemented successful strategies that can serve as models for improving equitable service distribution. For example, Portugal's decriminalisation of drug use, accompanied by a strong focus on harm reduction and treatment services, has led to significant public health improvements (Hughes and Stevens, 2010). Similarly, the Nordic model, which combines robust social support systems with comprehensive healthcare services, offers valuable lessons on integrating drug policy with broader social welfare policies.

AS A SERVICE PROVIDER, YOU CAN:

- Develop targeted advocacy campaigns. Analyse service provision disparities in your target areas. Identify regions or communities where access to harm reduction and healthcare services

is lacking. Set specific, measurable goals for your advocacy campaign, such as increasing funding for harm reduction services in underserved rural areas by 20% within two years or establishing five new opioid agonist therapy (OAT) programmes in identified regions with high rates of opioid use.

- Leverage data and research. Identify and document case studies from regions or countries where targeted policy frameworks have successfully addressed disparities in service provision. Prepare policy briefs highlighting these successes and how they can be adapted to your context.
- Build and strengthen partnerships. Create coalitions with other CSOs, healthcare providers, academic institutions, and even businesses that share your objectives. A united front can amplify your advocacy efforts. Establish regular communication with local and national policymakers. Offer to provide them with data and insights into the needs and challenges of people who use drugs in underserved areas.
- Engage the community. Organise forums and workshops in communities affected by punitive drug policies and service disparities. These forums can serve as platforms for individuals to share their experiences, needs, and suggestions for improving service access. Train community members to participate in advocacy and policy-making processes. Their first-hand experiences can be powerful in influencing policy and public opinion.

- Use media and public campaigns. Use social media, local newspapers, radio, and community events to raise awareness about the disparities in service provision and the importance of equitable access to healthcare for people who use drugs. Share stories from individuals directly affected by the lack of access to services. Personal stories can be compelling in humanising the issue and mobilising public and political support.
- Engage in policy and reform. Develop and present detailed policy proposals (grounded in evidence and the local context) to relevant stakeholders, outlining specific actions and resources required to address service provision disparities. Organise meetings and workshops with policymakers, bringing in experts, community representatives, and people with lived and living experience to discuss the challenges and potential policy solutions.
- Monitor, evaluate and report. Establish clear indicators to monitor the progress of your advocacy efforts and the impact of implemented policies or programs. Regularly publish and disseminate reports on the state of service provision, progress towards advocacy goals, and the outcomes of any implemented policies or programs. These reports can be used to maintain pressure on policymakers and funders.



■ HEPATITIS C TREATMENT EXPANSION

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Hepatitis C is a critical public health challenge that affects millions of individuals globally, with a significant burden in Europe. Despite highly effective treatments, access to these treatments remains limited for many, often due to high costs and inadequate healthcare infrastructure.

Innovative funding mechanisms are essential to expand access to hepatitis C treatment. These can include government-led efforts to allocate specific resources for HCV treatment programmes and international financial support for countries with limited resources.

Public-private partnerships (PPPs) also offer a viable avenue for enhancing treatment access. For instance, partnerships between governments and pharmaceutical companies can facilitate volume-based purchasing agreements, significantly reducing the cost of DAAs. Governments and consortia of nations

like the European Union can leverage their purchasing power to negotiate lower prices.

In Europe, the approval of generic Direct-Acting Antivirals (DAAs) for treating HCV infection has been facilitated by licensing agreements and initiatives to increase access to affordable treatments. However, despite these efforts, the uptake of generic DAA regimens in Europe has been limited. The cost of DAA therapy has decreased, but it is still not congruent with the prices in middle-income countries, which are still too high for universal access to DAAs.

Policy advocacy is vital for creating an enabling environment for expanding Hepatitis C treatments. Advocacy efforts should aim at influencing government policies to prioritise Hepatitis C treatment, including allocating adequate resources and implementing policies that support price reductions for DAAs.

ITALY Achieving universal treatment through negotiation

Italy is a model of a European success story where a government engaged with pharmaceutical companies to improve access to DAAs for hepatitis C treatment. In 2017, Italy expanded universal access to DAA treatment for chronic HCV infection as part of the country's national plan for HCV elimination. This expansion was achieved through negotiations with pharmaceutical companies to lower the price of DAAs, making treatments more affordable and accessible to all individuals. This example demonstrates that by leveraging their purchasing power and engaging in negotiations with pharmaceutical companies, governments can successfully increase access to DAAs for hepatitis C treatment, ultimately contributing to eliminating the disease.

AS A SERVICE PROVIDER, YOU CAN:

○ Build and leverage coalitions.

Partner with a variety of stakeholders, including patient advocacy groups, healthcare providers, professional medical associations, and other NGOs focused on liver health and infectious diseases. These coalitions can amplify your advocacy efforts, share resources, and create a unified voice that is harder for policymakers and pharmaceutical companies to ignore. Engage with international organisations to align your advocacy efforts with their guidelines and leverage their resources and global reach.

○ Utilise data and evidence in advocacy. Collect and disseminate data on the burden of Hepatitis C in Europe, including prevalence rates, treatment access disparities, and the (economic) benefits of treating Hepatitis C. Use this data to make compelling arguments for

expanding treatment access. Reference and promote guidelines from reputable sources to support your advocacy messages. These guidelines provide evidence-based recommendations for Hepatitis C management that can strengthen your case.

○ Advocate for policy reforms.

Lobby for adopting innovative funding mechanisms like the “Netflix model” to make Hepatitis C treatments more affordable. Present case studies from other regions where such models have been successfully implemented to policymakers. Push for simplifying and harmonising drug approval processes across Europe to improve access to new treatments. Advocate for policies that support mutual recognition of drug approvals among EU member states.

○ Increase public awareness and mobilise communities. Launch public awareness campaigns to increase

understanding of Hepatitis C, its impact, and the importance of screening and treatment. Organise screening drives and informational sessions in communities with high Hepatitis C prevalence or limited access to healthcare services. Collaborate with healthcare providers to facilitate access to testing and treatment for diagnosed individuals.

- Negotiate with pharmaceutical companies. Engage directly with pharmaceutical companies to advocate for lower drug prices and better access schemes for Hepatitis C treatments. Prepare a solid case highlighting the societal benefits of widespread treatment access and the potential for increased volume of treatment

uptake because of reduced prices. Promote transparency in drug pricing and development costs as a tool for negotiation, aligning with efforts by the WHO and other entities to ensure fair pricing practices.

- Document and share best practices. Create case studies and reports on successful advocacy strategies and treatment expansion initiatives. Sharing these resources not only celebrates achievements but also provides a roadmap for other organisations and countries. Participate in forums and conferences related to Hepatitis C and public health to share insights, learn from others, and build networks supporting your advocacy goals.



DRUG CHECKING SERVICES

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Drug-checking services represent a critical component of harm reduction strategies in Europe, offering a pragmatic and evidence-based approach to mitigating the risks associated with drug use. Such services are particularly vital in an era where new psychoactive substances continuously enter the market, often with little known about their effects or risks. DCS also act as an early warning system, detecting dangerous substances and adulterants that could lead to overdose or poisoning and informing the public about them.

A wealth of evidence supports the effectiveness of DCS as a harm reduction measure. Studies have consistently shown that when individuals are informed about the content of their drugs, they are more likely to modify their consumption behaviour, such as choosing not to use the substance, reducing the dose, or adopting safer use practices.

Moreover, DCS facilitate engagement with underserved populations, providing an opportunity for harm reduction professionals to offer advice on safer drug use and to connect individuals with other support services.

Despite the proven benefits, the expansion of DCS faces several challenges, including legal barriers, funding constraints, and public perception issues. Legal frameworks in many European countries do not accommodate the operation of DCS, often categorising them under 'enabling drug use'. Financial support for these services is also inconsistent, with many reliant on temporary funding or donations. Addressing these challenges requires a concerted effort from policymakers, communities, and international organisations to recognise DCS's public health benefits and integrate them into national drug strategies.

THE NETHERLANDS A pioneer in drug checking

The Netherlands stands out as a pioneer in establishing and scaling up DCS, largely due to its pragmatic approach to drug policy. The Drug Information and Monitoring System (DIMS) is a flagship project that has been operational since the 1990s. In partnership with the Dutch government, civil society organisations have been instrumental in advocating for and implementing this system. DIMS operates a network of testing sites nationwide, providing service users with detailed information on the content and purity of their drugs. The success of DIMS is attributed to solid collaboration between civil society, health professionals, and the government, underpinned by a shared commitment to harm reduction and public health.

SWITZERLAND Responsive drug checking in action

Switzerland's approach to DCS is characterised by its responsiveness to emerging drug trends and public health threats. Civil society organisations, such as the Safer Party in Zurich, have been at the forefront of advocating for the expansion of drug-checking services. These organisations work closely with local authorities to ensure that DCS are accessible and responsive to the community's needs. The Swiss model is notable for its rapid dissemination of information regarding dangerous substances detected through drug checking, thereby preventing potential health crises.

SPAIN Civil society leading the charge

In Spain, the establishment and expansion of DCS have been driven mainly by civil society organisations, such as Energy Control. Founded in the late 1990s, Energy Control has been a vocal advocate for harm reduction and drug checking, operating within a legal framework that does not explicitly support these services. Through community engagement, awareness campaigns, and collaboration with academic institutions, Energy Control has provided drug-checking services and valuable data on drug trends in Spain. Their work emphasises the importance of civil society in bridging the gap between drug users and health services, advocating for policies that prioritise health and safety over punitive measures.

AS A SERVICE PROVIDER, YOU CAN:

- Build strong coalitions. Forge partnerships with healthcare professionals, academic researchers, legal experts, and government officials. Engaging with a wide array of stakeholders not only broadens support but also facilitates the sharing of expertise and resources.
- Use evidence-based advocacy. Utilise existing data from the EMCDDA, local drug-checking initiatives, and international research to build a robust and evidence-based case for DCS. Demonstrating the positive outcomes of DCS on public health can help shift public opinion and policymaker attitudes.

□ Engage in public education and awareness. Develop and disseminate informational materials that highlight the benefits of harm reduction and the role of DCS in preventing drug-related risks. Tailor messages to different audiences, including the public, people who use drugs, policymakers, and healthcare professionals, to build broad-based support for DCS.

□ Understand and work within legal constraints. In many European countries, legal frameworks do not explicitly support DCS, posing a significant barrier to their establishment and operation. Civil society organisations should engage legal experts to navigate these challenges, advocate for legal reforms, and explore creative solutions that align with national laws and regulations.

□ Secure sustainable funding. Seek out diverse funding sources, including government grants, private donations, and partnerships with academic institutions. Demonstrating the public health value of DCS can attract funding from sources dedicated to harm reduction and public health initiatives.

□ Foster community engagement and participation. Ensure that the voices of people who use drugs and other affected communities are central to your advocacy efforts. This approach ensures that DCS meet the needs of their intended beneficiaries and strengthens the legitimacy and impact of advocacy efforts.



DRUG CONSUMPTION ROOMS

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In the context of public health and drug policy, the establishment and scaling up of drug consumption rooms (DCRs) present an excellent opportunity to improve health outcomes for individuals who use drugs while also addressing broader societal issues. A substantial body of research supports the effectiveness of DCRs in achieving their public health objectives. Studies have consistently shown that DCRs contribute to a reduction in overdose mortality, lower rates of transmission of HIV/AIDS and hepatitis C among people who use drugs, and an increase in the uptake of drug treatment and other health services.

The European Monitoring Centre for Drugs and Drug Addiction has been at the forefront of advocating for the implementation of DCRs across Europe. The EMCDDA's reports highlight the need for a comprehensive approach to drug policy that includes harm reduction strategies like DCRs as central elements. Countries such as Germany, Switzerland, and the Netherlands have successfully integrated DCRs into their national drug policies, demonstrating the feasibility and benefits of these facilities within diverse legal and social contexts. Advocacy efforts for DCRs often focus on presenting their public health benefits, cost-effectiveness, and role in supporting the rights to health and dignity of people who use drugs.

GERMANY AND THE NETHERLANDS

Pioneers in DCR implementation

Germany and the Netherlands have been at the forefront of DCR implementation, with facilities that are considered models of best practice globally. These countries have demonstrated how DCRs can seamlessly integrate into broader public health strategies. For instance, the DCRs in Frankfurt, Germany, are part of a comprehensive service offering that includes access to medical care, counselling, and social support services. This holistic approach not only addresses the immediate risks associated with drug use in the context of punitive drug policies but also the underlying factors, such as mental health and homelessness.

In the Netherlands, DCRs are strategically located in areas with high drug-related activity, ensuring they are accessible to those who need them most. Dutch DCRs emphasise service users' anonymity and privacy, reducing the stigma associated with drug use and encouraging more individuals to utilise their services.

SWITZERLAND A Model of Community Integration and Support

Switzerland's DCRs exemplify the importance of community integration. By actively involving residents and businesses in the planning and operation of DCRs, Swiss cities like Zurich have successfully mitigated community concerns and fostered a supportive environment for the facilities. This inclusive approach has enhanced public support for DCRs, demonstrating their value in addressing the concerns of local communities and local authorities, that is, improving public order and reducing drug-related litter in public spaces.

THE ROLE OF CIVIL SOCIETY AND ADVOCACY

Civil society organisations have played a crucial role in advocating for the establishment and acceptance of DCRs across Europe. Through campaigns, research, and policy advocacy, these groups have worked tirelessly to shift public opinion and policy towards harm reduction. Correlation – The European Harm Reduction Network (C-EHRN) has been instrumental in advocating for DCRs by providing compelling evidence of their benefits and mobilising support among policymakers and the public. Through detailed reports, policy briefs, and advocacy campaigns, C-EHRN has highlighted the success stories of DCRs in reducing overdoses and the transmission of infectious diseases while also promoting the well-being of people who use drugs.

Grassroots advocacy groups have also been pivotal in establishing DCRs by engaging directly with communities to address concerns and highlight the positive impact of DCRs on public health and safety. In many European cities, these grassroots movements have been the driving force behind the adoption of DCRs, demonstrating the power of community-led initiatives in shaping drug policy.

THE SUCCESSFUL IMPLEMENTATION OF DCRS INVOLVES SEVERAL KEY COMPONENTS:

- **LEGAL AND REGULATORY FRAMEWORKS:** Clear legal provisions that allow for the operation of DCRs are essential. This involves not just the decriminalisation of drug consumption and possession but also supportive policies enabling DCRs to offer various services.
- **COMMUNITY ENGAGEMENT AND SUPPORT:** Gaining the support of local communities is critical. This includes not only residents and businesses but also law enforcement and local government officials. Effective communication and involvement strategies can help mitigate concerns and build a supportive environment for DCRs.
- **INTEGRATED SERVICES:** The most effective DCRs provide comprehensive services, including health care, counselling, and access to other care. This integrated approach ensures that DCRs are not just safe places to consume drugs but also support the improvement of the well-being of people who use drugs.
- **QUALITY STAFF TRAINING:** Ensuring staff are not only medically trained but also skilled in harm reduction, counselling, and crisis intervention is crucial for the effective operation of DCRs.
- **GEOGRAPHICAL PROXIMITY:** Best practices from existing DCRs emphasise the importance of locating facilities in areas with high rates of public drug consumption and overdose incidents, thereby directly addressing the needs of the most affected communities.

NIMBY (Not in My Back Yard) attitudes can significantly challenge the establishment of new drug consumption rooms, as local community members often express concerns about their potential impact on local safety, property values, and the overall image of the neighbourhood. Civil society organisations advocating for DCRs need to develop nuanced tailored to manage and overcome NIMBY attitudes:

- Engage with local communities early and transparently. Begin community engagement before formal plans are announced. Early dialogue helps in addressing concerns before they escalate into opposition. Be transparent about the objectives, operations, and regulations governing DCRs. Clear communication can dispel myths and misconceptions.

- Educate on the benefits of DCRs. Educate the local community and authorities on how DCRs reduce public drug use and litter, thereby improving public safety and health for everyone. Present evidence on how DCRs can potentially increase local business traffic and stabilise neighbourhoods by reducing visible drug use.
- Use data and evidence to reassure communities. Use case studies and data from existing DCRs to demonstrate positive outcomes, including reduced overdose rates and emergency medical calls. Show before-and-after statistics from areas where DCRs have been introduced, emphasising public order and safety improvements.
- Foster community participation and ownership. Establish advisory boards that include residents, businesses, and community leaders to provide input on the DCR's operation and integration into the community. Offer tours of existing DCRs to demystify their operations. For new facilities, virtual tours or detailed plans can help visualise the space and its management.
- Build broad-based support. Form coalitions with a wide range of stakeholders, including local businesses, faith groups, law enforcement, and health professionals, to create a unified front of support. Use traditional and social media to share positive stories and information about DCRs and their benefits to counteract negative stereotypes.
- Implement quality standards. Adhere to high operational standards and best practices in managing DCRs, ensuring they are safe and professionally staffed. Implement appropriate measures to address community concerns about safety and order around DCR sites.
- Offer comprehensive services. Emphasise that DCRs offer more than just drug consumption spaces, including access to healthcare, counselling, and social services, contributing to overall community health.
- Monitor, evaluate, and communicate impact. Regularly assess the DCR's effect on the community and adjust operations to address emerging concerns. Regularly update the community on the DCR's successes and challenges, maintaining an open line of communication.
- Address specific concerns with tailored responses. Recognise that concerns will vary by community. Be prepared to offer tailored responses and modifications to the DCR model that address specific local concerns.
- Advocate for policy support. Work towards securing policy and legislative support for DCRs, which can help legitimise their presence and alleviate community fears.



**UNIVERSAL HIV
TESTING ACCESS**

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The European Centre for Disease Prevention and Control (ECDC) underscores the importance of universal HIV testing to enable early diagnosis and treatment of HIV/AIDS. Timely detection and initiation of antiretroviral therapy (ART) significantly reduce HIV transmission and improve health outcomes for individuals living with HIV/AIDS. The World Health Organization supports this view, highlighting that early HIV diagnosis through widespread testing initiatives is crucial for the effective management and prevention of the disease.

Europe's approach to HIV testing is characterised by its heterogeneity, with countries employing various strategies, including voluntary testing, provider-initiated testing, and targeted testing for high-risk groups. Despite implementing these strategies, late diagnosis remains a significant challenge across the continent. The WHO Europe reports that late diagnosis leads to increased mortality and contributes to the ongoing transmission of HIV within communities.

Several European countries have implemented innovative strategies to enhance access to HIV testing, including mobile testing units, community clinics, and partnerships with harm reduction services:

- Mobile testing units offer an effective solution to reach underserved populations, such as those in remote areas or communities with limited access to traditional healthcare facilities. The success of mobile testing initiatives in Eastern Europe, particularly among people who inject drugs, demonstrates their potential to improve testing coverage.
- Community-based testing services, often located in non-clinical settings, help reduce the stigma and barriers associated with accessing HIV testing in traditional healthcare environments. The Netherlands, for example, has successfully integrated community clinics into its HIV testing strategy, making testing more accessible and user-friendly.
- Partnerships with harm reduction services: Collaborative efforts between HIV testing providers and harm reduction programmes have been effective in reaching marginalised groups, including people who use drugs and sex workers. These partnerships facilitate the integration of HIV testing into a broader spectrum of health and social services, thereby increasing accessibility for those at the highest risk.

Universal access to HIV testing is vital for the early diagnosis, treatment, and prevention of HIV/AIDS in Europe. The continent's diverse strategies highlight the need for tailored approaches that meet the specific needs of different regions and populations. By leveraging best practices such as mobile testing units, community clinics, and partnerships with harm reduction services, and by utilising policy and advocacy resources, European countries can advance toward achieving universal HIV testing access. Collaborative efforts among governments, civil society, and the healthcare community are essential to this process. Expanding HIV testing access not only improves individual health outcomes but also contributes to the broader goal of ending the HIV epidemic in Europe.

UNITED KINGDOM Opt-Out Testing in Healthcare Settings

The United Kingdom's opt-out HIV testing program in healthcare settings, particularly in areas with high prevalence rates, has been effective in reaching and testing people who use drugs and other marginalised communities. This approach, where patients are informed that an HIV test will be included in the standard blood tests unless they decline, has made testing more routine and less stigmatised. The opt-out testing programme has been expanded to high-prevalence areas, including those with a higher proportion of people who use drugs. The programme also offers testing for HIV, hepatitis B, and hepatitis C to anyone having a blood test in hospital accident and emergency units, which is particularly beneficial for people who use drugs and other marginalised communities, as they may interact with healthcare services via emergency departments. Opt-out HIV and HCV testing in needle and syringe programmes has been associated with significant improvements in the number of people receiving testing compared to off-site referrals.

SPAIN

Integration with Harm Reduction Services

Spain has integrated HIV testing with harm reduction services for people who use drugs, which has been effective in reaching communities that are often underserved by traditional healthcare settings. By offering HIV testing in needle and syringe programmes and other harm reduction sites, Spain has increased testing uptake among people who use drugs, facilitating early diagnosis and linkage to care. Spain's harm reduction services have expanded to address HCV among people who use drugs. Furthermore, integrating HCV testing with HIV services significantly improved HCV testing rates and awareness among people who inject drugs. However, there are still gaps in the HCV care cascade among people who inject drugs in Spain, particularly among migrants.

FRANCE

Free and anonymous testing centres

France has established free and anonymous testing centres across the country, making it easier for individuals to access HIV testing without concerns about cost, confidentiality, or stigma. These centres offer walk-in services, providing rapid results and counselling support. The approach has increased testing rates among the general population and high-risk groups. For instance, the Hôtel-Dieu hospital in Paris offers free and anonymous STI checks, including HIV, for all individuals, including undocumented migrants, without healthcare coverage. The centre also provides self-testing kits for HIV detection and offers counselling and support services. The Red Cross centres in France also provide free and anonymous testing for all STDs, including HIV, and do not require a Carte Vitale for the test. The European Test Finder is an easy way to search for the nearest place to get tested for HIV, Hepatitis B or C, and other STIs in France. This comprehensive approach to free and anonymous testing has significantly improved access to HIV testing and other STI checks in France, contributing to better public health outcomes.

ESTONIA Targeted testing for high-risk populations

Estonia has focused on targeted testing strategies for high-risk populations, including people who inject drugs and sex workers. Through mobile testing units, outreach programs, and collaboration with non-governmental organisations, Estonia has improved access to HIV testing services for these groups, leading to increased detection and treatment initiation rates. However, there are still gaps in the HCV care cascade among people who inject drugs in Estonia, particularly among migrants. Strategies focusing on migrants by increasing HCV screening coverage and treatment access will be especially relevant in Estonia. A cluster-randomised trial demonstrated that integrating HCV testing with HIV services significantly improved HCV testing rates and awareness among people who inject drugs. To achieve elimination targets, programs will need to scale up such venues to deliver comprehensive HCV services. The Estonian government has set up an inter-ministerial HIV-AIDS coordination body to ensure all government sectors are involved in the response. Estonia has committed to providing antiretroviral treatment to all those in need and has made significant efforts to reach this goal.

AS A SERVICE PROVIDER, YOU CAN:

■ Strengthen integration with harm reduction programmes. Establish formal partnerships between HIV testing services and harm reduction programmes. Such collaborations should aim to provide a seamless continuum of care for individuals, mainly targeting key populations such as people who use drugs, sex workers, and GBMSM. Implement co-located services where HIV testing is available on-site at harm reduction facilities. This strategy reduces barriers to testing for individuals accessing harm reduction services and facilitates immediate linkage to care for those who test positive. Ensure that

staff within harm reduction programmes are trained to provide pre- and post-test counselling and, conversely, that HIV testing staff are knowledgeable about harm reduction principles. This cross-training enhances both services' capacity to address their clients' needs comprehensively.

■ Expand community-based testing. Use mobile testing units to reach underserved communities and areas with limited access to healthcare facilities. These units should offer rapid HIV tests with the option for immediate linkage to care for individuals who need

further care. Organise and participate in community events to offer HIV testing in more relaxed, non-clinical environments. This approach can help reduce stigma and make testing more accessible to a broader audience.

■ Support peer-led initiatives. Encourage and support peer-led testing initiatives, particularly targeting the most marginalised populations. Peer-led models leverage trust and understanding within communities to promote testing and engage individuals who might otherwise remain outside the healthcare system.

■ Enhance accessibility and reduce stigma. Adopt opt-out testing policies in healthcare settings, where HIV testing is part of routine care unless the patient declines. This approach normalises testing and can lead to increased detection rates. Work with legal and policy frameworks to address barriers that may deter individuals from accessing testing, such as fears around confidentiality, discrimination, and immigration status. Implement targeted education and awareness campaigns to dispel myths about HIV, reduce stigma, and highlight the benefits of

early diagnosis and treatment. These campaigns should be tailored to the languages and cultural contexts of the communities served.

■ Foster data sharing and best practice exchange. Create a platform for sharing data, best practices, and innovative strategies among European countries. This hub could facilitate the exchange of information on effective models of integrating harm reduction services and community-based testing. Continuously monitor and evaluate HIV testing programs, particularly those integrated with harm reduction services and community-based initiatives, to assess their effectiveness and adapt strategies as needed.

■ Advocate for sustained funding and support. Advocate for increased and sustained funding to support the integration of HIV testing with harm reduction and community-based services. Highlight the cost-effectiveness of early HIV detection and treatment in reducing long-term healthcare costs. Engage a broad range of stakeholders, including governments, international organisations, private sector partners, and the community, to garner support for expanded testing initiatives.



LEGAL ADVOCACY FOR HARM REDUCTION

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Legal advocacy for harm reduction represents a critical element in improving public health outcomes for people who use drugs. In Europe, where harm reduction policies vary significantly across countries, the need for concerted legal advocacy efforts to challenge and reform restrictive policies has never been more pressing. Legal advocacy in this context seeks to address the legal barriers that impede access to harm reduction services, such as needle exchange programmes, drug consumption rooms, and infectious diseases services.

Evidence from across Europe demonstrates the efficacy of harm reduction strategies in reducing the spread of HIV/AIDS, hepatitis C, and other blood-borne infections among people who inject drugs. For instance, countries like Portugal and Switzerland have seen significant public health improvements following the decriminalisation of drug use and the implementation of robust harm reduction programmes. These successes underscore the potential of legal reforms to facilitate better health outcomes.

Legal barriers to harm reduction often include criminalisation of drug possession for personal use, restrictions on the availability of harm reduction

supplies and services, and punitive policies that deter people from seeking help. Advocacy efforts, therefore, focus on reforming these laws to align with evidence-based practices that prioritise health and human rights.

Effective legal advocacy for harm reduction involves collaboration among various stakeholders, including legal experts, civil society organisations, service providers, and people who use drugs. This collaborative approach ensures that advocacy efforts are grounded in the realities of those most affected by drug policies.

Legal advocacy for harm reduction is an indispensable component of efforts to improve public health and uphold the rights of people who use drugs. By drawing on available evidence, engaging in collaborative advocacy, and utilising policy and advocacy resources, stakeholders can challenge and reform policies that hinder access to harm reduction services. Europe's varied landscape of harm reduction policies provides both challenges and opportunities for advocacy, highlighting the need for continued efforts to promote legal and policy environments that support effective harm reduction strategies.

SLOVAKIA Towards more low-threshold HCV treatment

Slovakia has recently made significant progress in legal modifications and practical advancements related to the provision of infectious disease services for people who use drugs. Civil society organisations and non-profit groups were crucial in advocating for these changes. Legal reforms have been instituted, including abolishing the previous mandate that required individuals to abstain from drugs for twelve months as a prerequisite for accessing Hepatitis C treatment. These reforms have facilitated improved access to crucial health services, such as confirmatory testing, vaccinations, and treatments, even for those struggling with outstanding health insurance debts. Civil society organisations and non-profit groups play a crucial role in providing prevention, treatment, and risk and harm reduction services for people who use drugs in Slovakia. These organisations have been at the forefront of advocating for and providing low-threshold health and social services for individuals who use drugs. While these changes mark a giant leap towards enhancing healthcare accessibility for people who use drugs, it is crucial to note that as these amendments are relatively recent, the practical exemplifications of their successful implementation and the tangible benefits they bring to the affected population are yet to be fully observed and documented.

GERMANY Heroin-assisted treatment in a restrictive system

Heroin-assisted treatment (HAT) in Germany exemplifies the role of legal advocacy in advancing harm reduction. Initiated to address the health challenges of the opioid crisis, including overdose deaths and infectious disease transmission, HAT represents a significant policy shift towards evidence-based treatment. The HAT implementation journey involved concerted efforts from health professionals, researchers, and civil society organisations. These advocates presented compelling evidence from international models, engaged in policy dialogues, and navigated legal frameworks to propose the controlled medical prescription of heroin under strict conditions. Germany's HAT programme highlights how legal advocacy can facilitate the adoption of harm reduction strategies within punitive regulatory environments. Advocates played a crucial role in this process, which ultimately led to improved public health outcomes and influenced drug policy discussions globally.

AS A SERVICE PROVIDER, YOU CAN:

Develop evidence-informed advocacy. Leverage data from reputable sources like the to bolster your advocacy efforts. Use statistics on the effectiveness of harm reduction services in reducing drug-related harms to make a compelling case to policymakers. Highlight examples from countries such as Portugal and the Netherlands that have successfully implemented harm reduction policies. These case studies can provide persuasive evidence for the benefits of legal reform.

Engage in strategic collaboration. Form alliances with other CSOs, healthcare providers, legal experts, and people who use drugs. A united front amplifies your voice and brings diverse perspectives and expertise to your advocacy efforts. Engage with international organisations like Correlation – European Harm Reduction Network and AIDS Action Europe for support, resources, and global best practices.

Focus on human rights and public health. Position harm reduction as a matter of human rights and public health, not just as a drug policy issue. This framing can appeal to a broader audience and align with the priorities of different stakeholders, including those outside the drug policy sphere. Reference international human rights treaties and public health guidelines that support harm reduction. Legal instruments such as the right to health can be powerful tools in advocating for policy change.

Engage policymakers and the public. Establish a dialogue with policymakers at all levels. Use evidence-based arguments to

demonstrate how harm reduction policies can achieve public health goals and reduce public spending on drug-related law enforcement and healthcare costs. Conduct campaigns to raise awareness about the benefits of harm reduction. Use social media, public forums, and collaborations with media outlets to challenge stigma and misinformation around drug use.

Provide capacity building and technical support. Help local governments and service providers understand how to implement harm reduction services effectively. Providing technical support and sharing best practices can facilitate the adoption of harm-reduction strategies. Strengthen the advocacy skills of your organisation and those of your partners. Workshops, training sessions, and resources from international networks and initiatives can enhance the effectiveness of your advocacy efforts.

Monitor and evaluate advocacy efforts. Define specific, measurable, achievable, relevant, and time-bound (SMART) objectives for your advocacy campaigns. This clarity will help in planning and evaluating your efforts. Regularly assess the impact of your advocacy activities. Feedback and evaluations can guide adjustments to strategies and tactics, ensuring continuous improvement and effectiveness.

Utilise legal challenges. In collaboration with legal experts, identify opportunities to challenge laws and policies that hinder harm reduction services through legal action. Legal challenges can lead to significant policy changes and set precedents for harm reduction advocacy.



**ENSURE CONTINUITY
OF CARE**

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Ensuring continuity of care for individuals who use drugs represents a crucial component in Europe's broader public health strategy. This focus acknowledges the complex needs of this population, which often include not just harm reduction services but also dependency treatment, other health services, including mental health, housing and employment support, and social reintegration programmes. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) highlights the importance of integrated care models that address these multifaceted needs to prevent disruptions in essential services.

The establishment of comprehensive policies that support continuity of care is foundational. The European Union has recognised the value of a cohesive approach, as evidenced by the EU Drugs Strategy (2021-2025), which advocates for the development of policies that not only address the health aspects of drug use but also the social determinants of health. A person-centred approach is vital to effective continuity of care. This involves tailoring healthcare services to meet the individual needs of people who use drugs, considering their circumstances and preferences.

Collaborative frameworks are essential to bridge the gap between different service providers and ensure a holistic approach to care. In practice, this involves the creation of networks that include healthcare providers, social services, civil society organisations and communities working in the field of drug addiction. For instance, the Pompidou Group's "Exchange on Drug Policy and Public Health" provides a platform for member states to share good practices and innovative approaches to drug policy, including continuity of care.

The engagement of stakeholders, including policymakers, healthcare providers, patients, civil society organisations and the affected communities, is crucial for creating a continuous approach to healthcare. This engagement ensures that policies and practices are grounded in the real-world experiences of those affected by criminalising drug policies and that they are responsive to the changing landscape of drug trends in Europe. The involvement of civil society in advocacy efforts has been particularly impactful in shaping drug policy and practice. Organisations like Harm Reduction International and the European Network of People Who Use Drugs (EuroNPUD) were vital in advocating for policies that support continuity of care and harm reduction.

PORTUGAL Decriminalisation and holistic support systems

Portugal's decriminalisation and holistic support systems have been successful in improving public health outcomes and the social reintegration of individuals who use drugs. In 2001, Portugal decriminalised the possession of all drugs for personal use and implemented a comprehensive strategy focused on harm reduction, treatment, and reintegration. The establishment of "Dissuasion Commissions" to manage cases of drug use and the integration of health, social, and employment services have been pivotal. This approach has significantly reduced HIV/AIDS rates among drug users and decreased the burden of drug-related offences in the criminal justice system. Portugal's model has demonstrated success in improving public health outcomes and social reintegration of individuals who use drugs, serving as a leading example for harm reduction and continuity of care. However, there are still challenges to be addressed, such as the growing diversity of drug use patterns observed in Portugal and the health complications of long-term problematic drug use. Despite enthusiastic international reactions to Portugal's success, local harm-reduction advocates have been frustrated by what they see as stagnation and inaction since decriminalisation came. The success of Portugal's approach has been studied and cited, as evidence by harm-reduction movements around the globe.

GERMANY Integrated care for people who use drugs

Germany's integrated care for drug users offers low-threshold, multidisciplinary services, including harm reduction, drug substitution treatment, psychosocial support, and social reintegration. This approach, characterised by solid cooperation between healthcare providers, social services, and harm reduction organisations, has led to improved health outcomes, reduced drug-related mortality rates, and better social integration outcomes. Drug consumption rooms are a crucial component, offering a wide range of auxiliary services, including health education advice, referrals to treatment and further care, and access to primary healthcare by a nurse or physician. Germany's integrated care model for drug users was created based on the country's legal, financial, and structural framework, facilitating the implementation of integrated services.

THE NETHERLANDS Integrated approach to drug use

The Netherlands has implemented a comprehensive and integrated approach to drug use, emphasising harm reduction and a wide range of other services for people who use drugs. The system includes safe consumption rooms, heroin-assisted treatment, and extensive social support systems. The Dutch model is characterised by integrating treatment services with general healthcare and social support, ensuring that individuals have access to a continuum of care that addresses their immediate and long-term needs. This approach has led to low rates of drug-related health complications and a high level of social integration for people who use drugs.

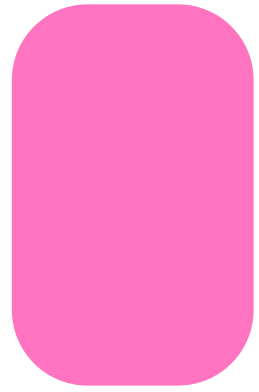
AS A SERVICE PROVIDER, YOU CAN:

- Promote heroin-assisted treatment (HAT) programmes. Given the success of HAT in countries like Germany and the Netherlands, advocate for the exploration and adoption of HAT in regions where it's not yet available. Organising seminars and workshops that bring together medical professionals, policymakers, and representatives from successful HAT programmes can help disseminate knowledge and build support for these initiatives.
- Launch anti-stigma campaigns targeting medical professionals. Design and implement training programs and workshops for healthcare providers that focus on empathy, understanding, and the specific needs of individuals who use drugs—partner with medical associations to integrate these programs into professional education. Introduce peer-led educational sessions where individuals who use drugs share their experiences directly with medical staff. Develop and distribute educational materials that challenge common stereotypes and provide information about substance use and its complexities.
- Develop and strengthen networks with service providers. Build relationships with individuals working in health and social services to create informal referral networks. This could involve regular meetings to discuss cases, understand each other's work better, and the development of a shared resource guide for service providers. These networks can facilitate smoother transitions for clients moving between different services, enhancing continuity of care even in contexts without institutionalised collaboration.
- Advocate for low-threshold health and social services. Lobby for the

establishment of services that are easily accessible to people who use drugs, emphasising the need for flexibility in hours and locations to accommodate various lifestyles and needs. Conduct surveys and collect data on the accessibility needs of individuals who use drugs, using this information to advocate for more adaptable service offerings. This might include mobile health units, night-time services, outreach services in non-traditional settings, or online support services: present case studies and pilot projects

as evidence of the effectiveness of these approaches to funders and policymakers.

- Promote peer support and engagement. Facilitate the creation or support of peer-led groups and services, recognising the value of living and lived experience in supporting individuals who use drugs. Train peer supporters in advocacy, allowing them to actively campaign for better services and policies.



REGULATORY MEASURES IN PRISONS

REGULATORY MEASURES IN PRISONS

Regulatory measures in correctional institutions are essential for ensuring the health and safety of people in prisons and other enclosed settings. In Europe, the prevalence of people who use drugs within prisons necessitates the adoption of harm reduction approaches, which are not only imperative for health but also align with human rights and public health principles.

The evidence in support of harm reduction strategies in prisons is compelling. For instance, studies have demonstrated that OST not only mitigates drug-related harm among incarcerated individuals but also lowers post-release mortality rates. A systematic review in the *Lancet* indicated that opioid substitution treatments significantly reduce the risk of HIV transmission in prison settings, marking a critical public health outcome. Additionally, NSPs have proven effective in curtailing the spread of infectious diseases without increasing drug use or injection.

However, the availability and access to harm reduction services in European

prisons are highly variable between countries. Most European states fail to provide the same services or quality of services in prison settings as in the community. The provision of clean injecting equipment is an exception and is available in only a few European countries. Provision of other harm reduction services in prisons, such as opioid agonist treatment or take-home naloxone, also remains limited and varies by country.

Policies supporting harm reduction in European prisons are pivotal for addressing the health needs of individuals who use drugs in prison settings. Leveraging successful practices and the available resources and guidelines allows for creating a supportive regulatory framework. This not only improves the health outcomes of individuals in prison but also advances broader public health goals. The collaboration between governments, civil society, and international organisations is vital for recognising harm reduction in prisons as a comprehensive drug and health policy priority.

SPAIN Long history of harm reduction in prisons

NSPs in Spanish prisons have been available in all facilities since the 1990s, making Spain one of the countries with the longest-standing NSPs in prison settings. The services were introduced thanks to the collaboration between the Spanish Ministry of the Interior and the Ministry of Health. The coverage and access to NSPs in enclosed settings remain a challenge. Still, the country's commitment to harm reduction and the implementation of NSPs in prisons have been recognised as best practices in the field. The effectiveness and outcomes of NSPs in Spanish prisons have been demonstrated in several studies. The introduction of NSPs in Spanish prisons has been a significant step towards improving the health and well-being of people who use drugs in prison settings.

SWITZERLAND Pioneer in enclosed-settings service provision

In Switzerland, harm reduction measures, including needle and syringe programmes, have been implemented in several prisons. The Hindelbank project, launched in 1994, was a pioneering initiative that introduced a prevention programme, including the distribution of condoms and sterile syringes, in a Swiss prison for women. The successful project led to the implementation of syringe distribution in the Hindelbank prison, demonstrating the feasibility and effectiveness of the intervention. Subsequently, other Swiss prisons have also implemented harm reduction measures, such as syringe exchange programmes and feasibility studies on controlled intravenous heroin injection. The availability and access to harm reduction services in Swiss prisons have been a focus of public health interest, with efforts to improve responses for people who use drugs in prison settings. While the coverage and quality of implementation of harm reduction measures in European prisons vary, the Swiss experience demonstrates the potential for successful harm reduction interventions in prison settings.

AS A SERVICE PROVIDER, YOU CAN:

☐ Forge strong partnerships with prisons. Establish open lines of communication. Initiate dialogue with prison authorities to build mutual

understanding and explore avenues for collaboration. Emphasise shared goals, such as improving health outcomes and reducing risks, to foster cooperative

relationships. Offer expertise and support. Position your organisation as a resource for correctional facilities by offering training, technical assistance, and support in implementing harm reduction measures. Highlight the benefits of these programmes for both incarcerated individuals and the overall prison environment.

- Raise awareness about the realities of drug use in prisons. Undertake studies to document the prevalence and consequences of drug use within correctional settings. Publish and disseminate findings to highlight the need for harm reduction services and counteract denial or underestimation by correctional authorities. Use media platforms to raise public awareness about drug use in prisons and the importance of harm reduction strategies. Engaging storytelling and data visualisation can help convey the message effectively to a broader audience.

- Advocate for human rights and alignment with international guidelines. Reference international guidelines, such as those from the World Health Organization and the United Nations Office on Drugs and Crime, which advocate for prison health services to be equivalent to those in the community. Use these standards as a benchmark in advocacy efforts. Promote human rights-based approaches. Frame harm reduction in prisons as a human rights issue, emphasising the right to health for all individuals, regardless of their legal status. Advocate for policies that respect the dignity and rights of individuals in prison settings.

- Work towards legal and policy reform. Analyse existing legislation and policies that hinder the implementation of harm reduction measures in prisons. Advocate for legal reforms that facilitate the introduction and scaling of such services. Develop policy briefs and recommendations that outline the benefits of harm reduction strategies, informed by research, international standards, and successful case studies—Organise meetings and forums to engage with policymakers and stakeholders.

- Implement and support pilot projects. Collaborate with more open-minded correctional facilities to implement pilot projects demonstrating the feasibility and benefits of harm reduction measures. Ensure these pilots are well-designed, with clear objectives and evaluation criteria. Use the outcomes of pilot projects to advocate for the expansion of harm reduction services. Share best practices, challenges, and lessons learnt to inform broader implementation efforts.

- Mobilise community engagement. Engage with communities and individuals who have been directly affected by incarceration and substance use. Their and their families' experiences and voices can powerfully advocate for change. Support the development of peer-led programmes within prisons, where trained individuals facilitate harm reduction education and support. These initiatives can promote a sense of agency among people in prison settings and enhance the effectiveness of interventions.



HUMAN RIGHTS- CENTRIC DRUG POLICIES

HUMAN RIGHTS-CENTRIC DRUG POLICIES

In recent years, the global debate surrounding drug policies has gradually shifted towards a more humane and evidence-informed approach, with an increasing number of advocates and policymakers calling for strategies that prioritise health and human rights over punitive measures.

The traditional approach to drug policy has often been characterised by strict law enforcement, criminalisation, and punitive measures aimed at people who use drugs and people engaging in small-scale trafficking. However, this approach has frequently been criticised for its ineffectiveness in reducing drug consumption and trafficking, as well as its negative impacts on individual rights, public health, and, recently, even the environment. In contrast, a human rights-centric approach to drug policy emphasises harm reduction, decriminalisation, and the provision of healthcare and support services to people who use drugs, intending to protect individuals' rights, communities' well-being, and improving public health outcomes.

One of the most compelling arguments for a human rights-centric approach to drug policy is the evidence supporting harm reduction strategies. In Europe, several countries have been at the forefront of adopting harm reduction and human rights-based drug policies. Civil society

organisations and advocacy groups have played a crucial role in promoting human rights-based drug policies. These organisations work to raise awareness of the harms associated with punitive drug policies, advocate for policy reform, and provide essential services to and empower people who use drugs.

Europe has been an excellent advocate for human rights-based drug policies in the international arena. However, the human rights of people who use drugs in Europe are often violated due to discrimination, stigma, and criminalisation. The European Union has recognised the importance of addressing these issues and promoting a human rights-based approach to drug policies. Discrimination and stigma often lead to unequal access to healthcare and social services, as well as marginalisation and harm to individuals and communities. Criminalisation can also push people who use drugs into unsupervised and unsafe environments, increasing risks and prohibiting access to services. To ensure voluntary access to care, it is vital to promote drug policies that adhere to human rights, address discrimination, and fight against stigma.

Policy makers, civil society organisations, and affected communities must collaborate closely to advance human rights-centric drug policies. This includes engaging in dialogue to address the stigma associated with drug use,

developing comprehensive and inclusive drug policy frameworks based on social justice, and ensuring that individuals disproportionately affected by harmful policies have a voice in the policy-making process. Moreover, continued research and evaluation of drug policies are crucial to gather evidence on the effectiveness of different approaches and to inform best practices.

AS A SERVICE PROVIDER, YOU CAN:

- Collaborate with human rights organisations and networks. Forge strong alliances with human rights organisations and regional bodies to ensure drug policies comply with international human rights laws and standards. Share expertise and resources to develop and implement human rights-based drug policies. Create joint advocacy efforts to promote human rights-based drug policies at the national, regional, and international levels. Collaborate on research and monitoring initiatives to assess the impact of drug policies on human rights.
- Promote the recognition of the lived and living experience. Prioritise the voices and perspectives of people who use drugs and other communities most affected by drug policies. Ensure that people with lived and living experience are involved in all policy development and implementation stages. Provide opportunities for people with living and lived experience to share their stories and perspectives with policymakers and the public. Support the development of

peer-led initiatives and organisations that promote harm reduction and social justice.

- Monitor and evaluate drug policies to ensure they are consistent with human rights standards and do not result in unintended consequences that violate human rights. Assess the impact of drug policies on human rights, including the right to health and freedom from discrimination. Identify gaps and challenges in drug policies and propose solutions to address these challenges.
- Challenge punitive models of drug policy and advocate for policies that focus on public health, prevention, education, treatment, social reintegration, and harm reduction. Promote the development of drug policies that prioritise public health and human rights. Challenge drug policies that are based on punitive models and that violate human rights standards. Advocate for the decriminalisation of drug use and possession for personal use or regulation of drug markets.
- Promote accountability and transparency. Demand accountability and transparency from governments and other stakeholders in developing, implementing, and evaluating drug policies. Ensure that drug policies are developed and implemented transparently and inclusively. Promote the development of monitoring and evaluation processes that are transparent, sustainable, and adequate and take human rights into account. Challenge drug policies that are not transparent and accountable.



**ELIMINATE PENALTIES
FOR DRUG USE**

ELIMINATE PENALTIES FOR DRUG USE

In recent years, there has been a significant shift in the approach towards drug use and possession for personal use, moving from punitive measures to a more health-centred model. This transformation is grounded in the recognition that criminalising drug use exacerbates public health issues, increases stigma, and deters individuals from seeking help due to fear of legal repercussions and discrimination. Across Europe, various countries have adopted innovative legal reforms and practices to eliminate penalties for drug use, focusing instead on prevention, harm reduction, and access to treatment services.

The call to decriminalise drug use is supported by a growing body of evidence suggesting that punitive measures do not effectively reduce drug consumption and drug supply or deter drug-related offences. Instead,

such measures often lead to adverse social and health outcomes, including overcrowding in prisons, increased HIV/AIDS transmission due to unsafe injecting practices, and a general reluctance among people who use drugs to seek treatment for fear of legal consequences. Recognising these issues, health experts, human rights organisations, and international bodies, including the World Health Organisation and the United Nations Office on Drugs and Crime, have advocated for a shift towards policies prioritising public health and human rights over criminalisation. A wealth of evidence from countries implementing decriminalisation policies shows positive public health and social cohesion outcomes.

THE CZECH REPUBLIC Advocacy for legal change

The Czech Republic has adopted progressive drug policies that include decriminalisation of possession of small amounts of drugs for personal use and the implementation of harm reduction services. Legal advocacy by civil society organisations and public health experts played a significant role in shaping these policies. The Czech Republic has long integrated many elements of harm reduction and treatment into its drug policy, including low-threshold opioid agonist treatment and needle and syringe programmes that are some of the most expansive in Europe. The Czech government conducted an in-depth evaluation and found that criminal penalties had no effect on drug use or related harms and were, therefore, unjustifiable. In 2009, the country formally adopted a decriminalisation law that defines personal use quantities, establishing some of the most pragmatic threshold limits of any country to have yet decriminalised. Legal advocacy and civil society participation have been central to the Czech Republic's drug policy grounded in human rights, dignity, and the rule of law. The country's drug policy involves all stakeholders, including the scientific community and civil society, who play an essential role in national policy-making. The Czech Republic's commitment to evidence-based, human rights-centred drug policies is reflected in its efforts to prevent stigma and discrimination, adopt more humane and rational approaches to drug policies, and mainstream comprehensive health responses, including risk and harm reduction measures.

PORTUGAL The classic good practice example in decriminalisation

Portugal's drug policy reform decriminalised the personal possession of all drugs in 2001. Drug possession for personal use is no longer a criminal offence, and instead, violations of these prohibitions are deemed exclusively administrative violations and are removed from the criminal process. The reform has allowed drugs to be treated as a health, rather than a criminal justice, issue, leading to a public health-centred approach to drug issues and reducing stigma. The social costs of drug use in Portugal fell significantly, attributed to a reduction of the expenses associated with criminal proceedings for drug offences and lost productivity.

The success of decriminalisation policies in Europe has been bolstered by strong advocacy efforts from civil society organisations and the implementation of evidence-informed practices. Organisations such as the Global Drug Policy Observatory (GDPO) and the International Drug Policy Consortium (IDPC) have played crucial roles in advocating for policy reforms, conducting research, and disseminating evidence on the benefits of decriminalisation. These efforts have contributed to a broader acceptance and implementation of health-centred drug policies across Europe.

The evidence and practices emerging from Europe demonstrate the benefits of eliminating penalties for drug use, emphasising a health-centred approach over punitive measures. By prioritising public health, harm reduction, and access to treatment, European countries are paving the way for more humane and effective drug policies. Continued advocacy, research, and implementation of evidence-informed practices will be crucial in expanding these reforms, ultimately contributing to improved public health outcomes and social justice across the continent.

AS A SERVICE PROVIDER, YOU CAN:

- Advocate for evidence-informed policies that are grounded in scientific evidence, human rights, public health and living experience. Highlight the

successes of decriminalising drug policy reforms. Promote the evaluation of the impact of drug policies on communities, including the social and economic costs of punitive drug policies and their impact on marginalised communities.

- Collaborate with other organisations. Work closely with other organisations, including international ones and those focused on human rights, to promote the legal regulation of drug markets. Utilise existing recommendations for the legal regulation of drug markets (e.g., the UNAIDS recommendations) and the provision of harm reduction services.

- Champion the voices of people with living and lived experience. Support the voices of people with living and lived experiences of drug use and ensure that their perspectives inform policy development and implementation. They should also work to challenge the stigma and discrimination that people who use drugs often face.⁴ ****Promote the Portuguese Drug Policy Model****: Civil society organisations should encourage other European countries to adopt the Portuguese Drug Policy Model, which decriminalises drug use and personal possession and prioritises health and harm reduction.

- Learn from other countries. Study and learn from the experiences of other countries that have adopted legal regulation of drug markets, and share best practices and lessons learnt with

others. Collaborate with governments and other stakeholders to monitor and evaluate the outcomes of drug policy reforms.

- Encourage the legal regulation of drug markets. Advocate for the legal regulation of drug markets, including the legalisation of cannabis and the provision of a safe supply of opioids and other drugs, to reduce harm and to protect public health. Learn to navigate the complex workings of political institutions, often in adversarial and heavily bureaucratic environments, to promote the legal regulation of drug markets.

- Foster a compassionate and non-judgmental attitude. Encourage a compassionate and non-judgmental approach to drug use and challenge the stigma and discrimination that people who use drugs often face. Work to address the social determinants of health, such as poverty, homelessness, and discrimination, that shape drug use patterns and outcomes.

- Evaluate the impact of criminalisation on communities. Advocate for evaluations of the effect of criminalisation on communities.

Emphasise the need for comprehensive assessments of the social and economic costs of criminalisation and the repercussions of punitive policies on marginalised communities. Promote conducting in-depth studies to understand the multifaceted impact of criminalisation, including its effects on public health, social cohesion, and economic well-being.

- Promote the inclusion of indicators measuring the impact of punitive policies on communities in drug policy evaluations. Advocate for the incorporation of specific metrics, such as the number of individuals incarcerated for drug offences, racial and ethnic disparities in drug-related arrests and sentencing, and the broader societal implications of punitive drug policies. Emphasise the influence of factors such as poverty, homelessness, and discrimination on drug-related issues and underscore the interconnected nature of drug policy and broader social challenges. Advocate for policies that address these underlying determinants and raise awareness that effective drug policy must be integrated with efforts to tackle social inequities and promote public health.